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**Advancing Learning and
Innovation on Gender Norms**



BRIEFING NOTE

Action on Covid-19 and gender: A policy review from Sierra Leone

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Introduction and background

Introduction

This briefing note examines the impact of Covid-19 – and policy responses to the pandemic – on gender norms in Sierra Leone, a country that has already endured a severe disease outbreak. From 2014–2016, Sierra Leone lost [3,955](#) people to the Ebola virus, which also crippled an economy that was just starting to pick up, a decade after the end of the country's civil war.

Sierra Leone, a low-income country in the West Africa region, is ranked at 150 out of 160 countries on the [UNDP Gender Inequality Index](#) (Human Development Reports). While countries in the region are diverse, they share some common characteristics in their cultures and policy framework, particularly on the issues of women and their well-being. As the pandemic exacerbates socioeconomic issues that already existed, this note will centre on the gendered implications of the pandemic in Sierra Leone for women's health and for their finances.

Background

The first case of Covid-19 was detected on 31 March, 2020, and the disease spread quickly: by June 2020, the country had [reported](#) 1327 infections, 55 deaths, and 788 recoveries.

Sierra Leone has implemented a [nation-wide partial lockdown](#) and curfew measures are in place to control the spread of the virus. Senior citizens, pregnant mothers and immunocompromised citizens must stay indoors, while others are asked to work for only a limited number of hours every day. Schools and colleges remain closed, except for those students who are taking their secondary school certificates and high school diplomas, and who sit their exams in July 2020.

The International Monetary Fund (IMF), World Bank and some private donors have pledged a total [\\$28.63 million](#) to stimulate the country's economy, which the government has packaged into a relief budget.

No figures are available, as yet, on the country's economic prospects following its Covid-19-related lockdown measures, but the impact on women could be harsh. Like many other West African nations whose economies are heavily dependent on tourism and exports, the impact of Covid-19 could damage prospects for the women who make up [60% of the workforce](#) in the hospitality industry. The growing number women working in the [artisanal mining sector](#) may also feel the pressure if, as seems likely, the sector is hit by currency depreciation and international border closures.

According to the [Ministry of Planning and Economic Development](#) (MoPeD), two-thirds of the population are multi-dimensionally poor, with almost the same proportion living in households that have female heads (65.9%). Overall, 64.7% of Sierra Leone's women participate in the labour market, 36% report being under-employed, and 9.8% of these blame their burden of care work for keeping them out of the labour market ([SSL, 2015](#)). The [distribution of care work in most Sierra Leonian families was not equitable](#) even before Covid-19, and its burden on women

is expected to increase during a pandemic, particularly if they are widowed and have to look after children who are out of school.

There are other [notable gender gaps in business and land ownerships](#) in Sierra Leone. Most household enterprises are microenterprises, yet men tend to own slightly larger enterprises than women. Men are also more likely than women to hire additional labour. Non-farm enterprises owned by men have monthly median profits that are almost double those of enterprises owned by women. Men own 67.8% of agricultural plots, and the plots held by women tend to be smaller.

Health risks for women

While several other countries report that men are being infected at a higher rate, the [number of women infected with Covid-19](#) in Sierra Leone is greater than the number of men infected. Men, however, are far more likely to die as a result of Covid-19, accounting for 76% of all deaths, according to the Government's [mortality review](#), – the opposite of the trends seen during the [Ebola outbreak in 2014](#) where women accounted for 75% of Ebola deaths. These figures may not, however, reflect the full reality: there is little testing and test results are often delivered too late, hospital beds are full, beds in isolation centres are full, and health workers are on strike because they are not being paid. Not all deaths – or their causes – are being recorded, leaving the authorities and response teams unable to compare infection and death rates.

[More women than men are caregivers](#), nurses, cleaners, birth attendants and laundry workers in hospitals, working in roles that heighten their exposure to the virus. These workers do not receive the same protection as doctors, who are more likely to be [male than female](#) in Sierra Leone: in 2016, women remained underrepresented amongst medical specialists (5.4% versus 94.6% male).

Ante-natal care

One key way to reduce the normal risks associated with pregnancy for both the mother and child is to provide skilled antenatal care (ANC). According to Sierra Leone's latest Demographic and Health Survey ([DHS 2019](#)), almost 98% of women aged 15–49 who had live births within the 5 years preceding the survey had received some form of skilled ANC. There were [regional discrepancies](#), with women in rural areas (99%) receiving more care than urban women (97%) and more likely to have had four or more ANC visits (83% and 73% respectively).

These percentages, however, are expected to fall significantly as a result of Covid-19 restrictions, as husbands and family members restrict visits by pregnant women to doctors, [and women themselves staying away from health centres](#), as they did during the Ebola outbreak fearing transmission of the virus ([CARE, 2020](#)). [Partners in Health \(PIH\)](#), a non-governmental organisation with a large presence in Sierra Leone, is reaching out to women to assure them that health care is still available, encourage them to attend regular pre- and ante-natal appointments, and urge them to use the national ambulance service where necessary to

give birth in a facility. Communication and outreach by local governments is critical to avoid complications from home treatments and births.

The Ministry of Health and Sanitation (MoHS) and the Ministry of Gender and Children's Affairs (MGCA) have formulated a Basic Package for Essential Health Services ([BPEHS](#)) with a central focus on the reduction of maternal, infant and child mortality and morbidity. In the [FY2020](#) budget however, spending for gender and children's affairs amounts to only Le 2.3 million (around US\$224,000) i.e. 0.1% of the total budget.

Abortions

According to the [WHO \(2015\)](#), Sierra Leone has the worst maternal mortality ratio in the world (1,360 deaths for every 100,000 live births) in the world, with [unsafe abortions contributing to 10% of these deaths](#). A new safe abortions law has been tabled in Parliament several times, without – as yet – being solidified into law. The current Offences Against the Person Act, 1861, criminalises abortion and, therefore, forces women to rely on unqualified practitioners who carry out clandestine abortions in unsupervised and unsafe conditions ([AdvocAid, 2016](#)).

Marie Stopes International plays a key role in the maternal health ecosystem in Sierra Leone and provides family planning services to beneficiaries that adhere to the highest standards of confidentiality. As a result of its work, [33,272 unsafe abortions and 708 maternal deaths were averted in 2019](#). However, the partial-lockdown restrictions that have been in place since March 2020 mean that more families are kept inside their homes, and that women's care burdens have risen significantly while their movements have been more closely monitored and curtailed. With a high probability of being caught if they try to access proper services, an MGCA official reported anonymously that women are at a heightened risk during the pandemic of complications resulting from unsafe, unsupervised abortions.

Nutrition

A study by the [MoHS \(2016\)](#) shows that the low level of education among women contributes to Sierra Leone's high incidence of malnutrition. In general, women across Africa are [more vulnerable](#) to hunger and malnutrition than men, with those in poor households, in particular, often the first to cut down on food consumption if food becomes scarce. The Covid-19 pandemic and the resulting restrictions threaten to exacerbate this inequality. As a result of border and market closures, smallholder farmers, particularly women, must make difficult decisions on how best to use their limited resources for nutrition. Many of them [will resort to negative mechanisms](#) as they did during the Ebola crisis, such as reducing food consumption, engaging in transactional sex or borrowing money or taking on debt to buy food for their families.

As shown in the [Global Nutrition Report \(2019\)](#), in Sierra Leone, 48% of women of reproductive age have anaemia and 6.6% have diabetes – factors linked to micronutrient malnutrition (also known as '[hidden hunger](#)') and the inadequate absorption of nutrition. Because they tend to be poorer than men, women find it more difficult, for example, to access iodized salt, or foods that are rich in iron or vitamins A, B12, and D, all of which are essential for the maintenance of a strong immune system.

As the primary caretakers in most households, women are also likely to eat whatever is left over after the rest of the family has eaten. This could mean that they end up eating leftover rice, which is a cheap staple in Sierra Leone, but no meat, fish, vegetables or lentils, all of which contain essential vitamins and minerals. The [2013 Sierra Leone Micronutrient Survey \(SLMS\)](#) finds malnutrition to be one of the leading causes of mortality and morbidity in the country. This, combined with a pre-existing trend in [the rise of chronic, non-communicable diseases](#), puts women in a vulnerable position because of their responsibilities in managing the nutritional intake of their household. They will also have to cope with the economic consequences of increased time and effort spent on shielding immunocompromised members who stand at a greater risk of contracting the coronavirus ([CARE, 2020](#)).

Mental health

According to WHO (2011), [neuropsychiatric disorders](#) in Sierra Leone are estimated to contribute to 4.1% of the global disease burden. In 2009, an estimated 2,058 people received some form of mental health treatment out of around 102,000 ([3% of the total adult population](#)) who had a severe mental disorder. The country's mental health response infrastructure has not been modified since the Ebola crisis.

The MoHS focuses on mental health while what was once the Ministry of Social Welfare, Gender and Children's Affairs 'MSWGCA' (now split into two ministries: the Ministry of Social Welfare 'MSW' and the Ministry of Gender and Children's Affairs 'MGCA') is responsible for psychosocial support. The country's 20 psychiatric nurses are under the policy purview of the MoHS while the 150 community health workers are overseen by the MSW or MGCA. The coordination of different approaches to shared problems and ensuring efficient resource allocation across these agencies may result in ineffective planning and cause delay in the implementation of plans.

Women, in particular, are afraid to seek any form of help for mental health issues, fearing the social repercussions of being diagnosed with a mental health illness. The [stigma surrounding mental illness](#), particularly for women, stops them reporting postpartum depression, for example, or premenstrual dysphoric disorder. There [is a perception](#) that depression and other less visible mental health illnesses are 'western' problems that are not relevant to Sierra Leone. Even religious establishments brand women suffering from mental illnesses as '[spiritually weak](#)'. The [2010 Mental Health Policy](#) document does not present any relevant gender-disaggregated data on these illnesses other than stating that, "70%-80% of women with maternal mental health disorders can be successfully treated".

Violence and insecurity are said to be key contributing factors for poor mental health in Sierra Leone: an estimated 50,000 to 65,000 women have been subjected to sexual violence by armed personnel once in their lives ([WHO, 2010](#)). With more police officers and armed personnel on the streets as a result of the country's [partial lockdown and curfew](#), women are at greater risk of facing abuse when they leave their homes – as they must, given that they are primary caretakers and bear the burden of running errands and procuring essentials for their families.

Domestic violence

Experiences of crisis, including in the western world ([Carastathis, 2015](#)), shows that women are [most exposed to domestic violence and are in a weaker position](#) to negotiate the nature of sexual relations as a result of growing stress and tension in households.

The MGCA states that domestic violence has continued to rise in Sierra Leone since the onset of the Ebola epidemic in 2014, and that the problem has been exacerbated, in particular, as families have been confined to the home. In all, 56% of women report that they have suffered some form of sexual and gender based violence from their peers or other family members, according to the [Demographic and Health Survey of 2013](#) (this information is not yet available from the 2019 DHS). Between 2005 and 2019, [48.8%](#) women aged 15 and older reported that they had experienced violence by an intimate partner. Of the [3,701 cases of sexual assault](#) cases reported in 2019, 98% of the survivors were under the age of 17. These incidents are under-reported, but they have now gained national attention, with the President [declaring rape a national emergency](#) in February 2019. Evidence from the [Ebola period](#) which coincided with a drastic rise in the number of teenage pregnancies further highlights the need for policy makers to formulate a firm response the problem.

Helplines working with the MGCA have seen a 20% rise in reports of domestic violence, sexual and non-sexual based alike; with all callers identifying as being women¹. The Ministry is working on a response whereby the judicial process will be fast-tracked to try accused perpetrators, and temporary provision will be made to house women who are abused until it is safe for them to return to their homes. However, there will be serious challenges in producing evidence in court and victims are unlikely to pursue cases for fear of repercussions from perpetrators in the midst of a partial lockdown.

Financial risks for women

Debt and the law

As noted, female-headed households are more likely to be poor than male-headed households ([OPHI, 2019](#)). According to [UNDP](#), 57.7% of Sierra Leonean women aged 15 and older were active participants in the labour force as of 2018. However, [many women work as petty traders](#) and are [not seen as part of the formal labour market](#), even though they provide a key source of income for many families). The [labour force participation survey](#) conducted by Statistics Sierra Leone (SSL) also shows more women than men report being unable to join the workforce permanently because of their domestic care work burden.

¹ The author obtained this information through interview with an official at MGCA who wishes to remain anonymous.

The country's legal system, under the [Larceny Act, 1916](#), treat delayed payment of debts criminally under charges of fraudulent conversion i.e. obtaining money under false pretences. AdvocAid's research, based on interviews with legal professionals, police and prison officials, finds that far more women are impacted by offences under the Act than men ([Mahtani and Thompson, 2012](#)). Engaging in petty trading increases the likelihood of being charged with fraudulent conversion, especially in times of economic crises, given the formal and informal borrowing that such traders – the [majority of whom are women](#) – conduct on a daily basis to grow and run their operations. With an [economic slowdown](#) projected as a result of the Covid-19 crisis, women are expected to take on more debt to finance their activities. As more households with female heads have to cope with illness, [women are also more likely to spend the funds they borrow on medical care](#), depleting financial capital of their savings. Already [crowded prisons](#) and an overburdened legal system means that female correction centres could become breeding grounds for infections, as even more women are detained to await court trials.

Support strategies in response to the Covid-19 pandemic should recognise that women struggle more than men to be self-sufficient, given that they have to work the land themselves without any hired labour and their plots are smaller.

Education and economic empowerment

Individuals with education have more earning potential in the labour market, and educated mothers are more likely to prioritise the education needs of their children ([Cannonier and Mocan, 2014](#)). Education, particularly for girls, has been declared a national priority in Sierra Leone's [medium-term national development plan](#). As of 2016, [52.63% of relevant age group female students](#) were likely to complete lower secondary school, compared to 58.31% of male students. The 2014 Ebola outbreak exposed just how vulnerable girls are to missing out on education when families consider the opportunity costs of sending them back to school once a health crisis subsides. Adolescent pregnancies increased by 65% during the Ebola crisis in Sierra Leone, and most of the girls who became pregnant [never went back to schools once they reopened](#) in 2015. Many of them reported their [increased domestic duties](#) and the need to engage in [income generation activities](#) as key reasons for not returning to the classroom.

There has been no widely available digital infrastructure for distance learning during the lockdown and even if there were, girls would be too [over-burdened by household duties](#) to make use of them. During the Ebola outbreak, community-based programmes that [formed 'girls' clubs'](#) in villages demonstrated their success and effectiveness in empowering girls and young women during a crisis. These clubs are managed by various NGO-led programmes and offer training on financial literacy, reproductive health, sanitation and more. Evidence from the Ebola epidemic shows that girls who belonged to these clubs were [more likely to continue some form of learning](#) during and after the crisis.

At present, [66.4% of women](#) in Sierra Leone cannot read or write and only [52.63% female students enrolled in lower secondary school manage to complete studies through till the end of lower secondary school successfully](#). One important step has been taken by the Government to address this situation: the [reversal](#) of a previous law that banned visibly pregnant teenagers

from continuing to attend school. This success was the result of combination of pressure from civil society groups and the political will of the new education minister.

Whilst this is a positive step for the future generations, the status of women in terms of economic empowerment remains poor at best. Their unsatisfactory levels of education restrict their opportunities to seek economic advancement. Over [20% of Sierra Leone's women](#) report to being unable to continue their self-employment operations because they lack access to finance and the other resources needed to keep their businesses going.

In addition, women's care burden starts early, with many becoming mothers in their teens – [112 of every 1,000 births](#) are to young women aged 15–19. This prevents them from pursuing jobs in the formal market because these jobs are not flexible and require higher qualifications. As noted, [Covid-19 restrictions will add to women's burden of caregiving duties](#), if there is anything to learn from the Ebola crisis. Even though they are primary earners in many households, their presence indoors is more expected than usual, increasing their dependency on male-generated, or borrowed incomes.

Women's care work

Gender norms globally, and particularly in West Africa, tend to keep women out of the policy making sphere. While Sierra Leone has made significant progress on the [increased representation of women in politics](#), their unpaid care duties have not been addressed in any meaningful way in social policy debates. When responses to crises do not account explicitly for the specific needs of women, they merely entrench their pre-existing vulnerabilities while exposing them to new ones.

Even without a health crisis, women often queue in long lines to collect water from communal taps, they leave their homes to collect fuel for cooking and they visit doctors or community health centres when family members are unwell. In the middle of a pandemic, all of these activities put them at greater risk of contracting the virus, whilst also taking them away from income-earning activities. In the country's many female-headed households, it is the women who must find ways to manage their increased responsibilities for more vulnerable household members, such as children, seniors and those who are immunocompromised, all of whom are staying inside, without being able to rely on any form of support.

Worldwide, women are known to [rely more on public transportation](#) to go to work as well as make care-related trips. With public transportation in Sierra Leone becoming more restricted, and as a result more expensive, women are more likely to feel the consequences. They may have to walk long distances in the heat or in torrential rain to fetch basic supplies for their families and commute to work. The physical toll of this is exacerbated by [the emotional stress and anxiety](#) they face in having to manage such a range of activities, often single-handedly. Even if they do get some support, it is likely to come from their adolescent children, particularly the girls, which perpetuates the social reproduction of discriminatory norms.

At present, there is no systematic income replacement policy in Sierra Leone. Should the MGCA response committee's recommendations include such a policy, this must consider need-based factors as well as reported income. This will be a crucial factor in the design of a response that

considers gender-related factors – factors that are particularly glaring in the case of Sierra Leone.

The Ebola crisis did not, unfortunately, increase the number of studies that collect gender disaggregated data to any great extent. Given that such information is vital for the development of effective policy, we can learn from this crisis to be better prepared with information that will benefit women in future crises responses, as well as in the long-term development plans of the country.

Concluding remarks

This briefing note has highlighted key risk areas for women in Sierra Leone, particularly during the nationwide partial lockdown. Even before the onset of the Covid-19 crisis, women in Sierra Leone held a disproportionately weaker position in society in terms of health, education, participation in the formal labour market, exposure to domestic violence and access to finance. Their bargaining power to obtain better solutions to these problems has been undermined by the pandemic and the consequent diversion of resources and priorities to the country's Covid-19 response policy.

Although Sierra Leone's first case of covid-19 was only reported at the end of March, there has been a significant and rapid rise in the number of infections since that time. In this low-income country with a female labour force that is largely employed in the informal sector, women face the risk of a permanent exit from their typical occupations as they deal with increased care responsibilities resulting from school closures, illness in their household and confinement measures. Such a [pattern was seen during the Ebola outbreak](#), when smallholder farmers and petty traders (predominantly women) were unable to sell their products because of their limited market access. Women, particularly the widowed, also [moved into the artisanal mining sector](#) post-Ebola as they needed to provide for their own and extended family members.

Poor communication about the nature of Covid-19, its symptoms and the way it is spread will keep many pregnant women fearful of visiting hospitals or health centres. The MGWA and MoHS send out chain WhatsApp messages and post Facebook flyers with information about Covid-19 symptoms and the prevention of infection, and this could be effective in the Western Peninsula area where people are wealthier and own smartphones. In poorer regions, where even continuous access to electricity is a luxury, community health centres and NGO outreach teams have a crucial role to play in relaying such messages.

Much needed ante-natal care, which reduces the risk of complications arising from pregnancy, will not reach women who are either scared to visit hospitals or whose family members restrict their movements. Increased domestic violence and other forms of sexual abuse will result in many unintended pregnancies. The women affected however, will be further out of reach of any help as they will always be with family members, some of whom may be their abusers.

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The over-representation of women in small farming, petty trading and hospitality in Sierra Leone means that they are likely to be the hardest hit by the Covid-19 crisis and the policy responses to deal with it. In addition, pre-existing gender norms, roles and social structures expose them further to debt-default risks and consequent imprisonment. A slow and over-burdened legal system means that they are likely to be held in crowded prisons where they will risk contracting not only Covid-19, but also other communicable diseases, while [stress may take its toll on their mental health](#).

It is unclear whether the Government will release a gender-focused strategy that could deal with some of the issues raised in this briefing note. However, given the sensitivity of these issues and the scale of the challenges, the MGCA reports that it is making good progress in gathering the resources that are needed to implement a strategy as and when it is approved by the leadership. The President and the First Lady had brought gender-related issues to [frontline fora before this crisis](#), making it clear that this is a matter of national importance. This gives the relevant agencies a starting point to adjust and speed up older plans by tweaking them to meet response needs.

About the author

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